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Bib Data Sheet

CONFIRMATION NO. 6918

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| SERIAL NUMBER 09/886,880 | FILING DATE 06/20/2001 RULE | CLASS 052 | GROUP ART UNIT 3635 | ATTORNEY DOCKET NO. 087781/9002-02 | | | | | |
| APPLICANTS Brian J. Stark, Mequon, WI; Peter J. Stark, Los Angeles, CA; | | | | | | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 09/454,802 12/03/1999 ABN and claims benefit of 60/111,067 12/04/1998 OK ymmp | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** none ymmp | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/24/2001 | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Exam. Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> </td> <td style="width: 10%; border: none; text-align: center;"> STATE OR COUNTRY WI </td> <td style="width: 10%; border: none; text-align: center;"> SHEETS DRAWING 3 </td> <td style="width: 10%; border: none; text-align: center;"> TOTAL CLAIMS 13 </td> <td style="width: 10%; border: none; text-align: center;"> INDEPENDENT CLAIMS 4 </td> </tr> </table> | | | | | Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Exam. Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | STATE OR COUNTRY WI | SHEETS DRAWING 3 | TOTAL CLAIMS 13 | INDEPENDENT CLAIMS 4 |
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| ADDRESS 23409 MICHAEL BEST & FRIEDRICH, LLP 100 E WISCONSIN AVENUE MILWAUKEE , WI 53202 | | | | | | | | | |
| TITLE Apparatus for sanitary egress of a restroom | | | | | | | | | |
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> All Fees</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> </table> | | | | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
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